10, 100

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

| CLAIME AS EILED, DARTI | | | | | | | | | | | | |
|--|---|---------------------------------|----------------|-----------------------|--|-------------------------------|-------|-------------------|------------------------|---------|------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | | | RTHAN |
| TOTAL CLAIMS | | | 22 | | 100. | • | | | | OR 7 | | ENTITY |
| FOR | | | NUMBER FILED | | ************************************** | | 1. | BASIC FE | FEE | | RATE | FEE |
| TOTAL CHARGEABLE CLAIMS | | | | · | | NUMBER EXTRA | | BASIC PE | 385.00 | OR | BASIC FÉI | 770.00 |
| ┝ | | - | 22 minus 20= | | · 2 | | | X\$ 9= | 18 | OR | X\$18= | -6 |
| <u> </u> | DEPENDENT | | 3 minus 3 = -6 | | | | Ċ | X43= | | OR | X86= | |
| М | JLTIPLE DEPE | ENDENT CLAIM F | PRESENT | | | | | +145= | | 1 | 200 | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | | 61.2 | OR | +290= | |
| TOTAL 403 OR | | | | | | | | | | TOTAL | | |
| 2 | 117106 | (Column 1) | | (Column 2) (Column 3) | | | | SMALL | ENTITY | OR | OTHER | |
| | | CLAIMS | | HIGH | | T | | ADDI | 1 1 | | | |
| AMENDMĘNT A | ÷ . | REMAINING AFTER AMENDMENT | | PREVIO PAID F | USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | . 34 | Minus | | 72, | = 12 | | xs 8= | 300 | OR | X\$18= | |
| AM | Independent - 3 Minus - 3 | | | | 0 | | X LOD | | OR | X86= | | |
| | THE STATE OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | OR | +290= | |
| | | | | | | | | TOTAL | 3 | OR | TOTAL | |
| ADDIT. FEE ADDIT. F (Column 1) (Column 2) (Column 3) | | | | | | | | | | | ODIT. FEE! | |
| 8 | | CLAIMS | | HIGHE | - | | ı | | ADDI- | | | 4721 |
| | | REMAINING AFTER | | PREVIOU | - | PRESENT | | RATE . | TIONAL | 1 | DATE | ADDI- |
| | | AMENDMENT | | PAID F | | EXTRA | | UNIE ' | FEE | | RATE | TIONAL |
| 5 L | Total | • | Minus | •• | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | | | | | - | | X43≃ · | | OR | X86≃ | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | T | +145=. | | ÓЯ | +290= | |
| | · | | | | | | | TOTAL | • | OR . | TOTAL | ——— |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | DOIT, FEE | • |
| اد | 1 | CLAIMS | · | HIGHES | ST | (00,0,1,11,0) | | | · | _ | | |
| - 1 | _ | REMAINING AFTER | | NUMBE PREVIOU | | PRESENT EXTRA | | RATE | ADDI- TIONAL | ı | RATE | ADDI- TIONAL |
| | | AMENDMENT | | PAID FO | R | - | L | | FEE | J. L | | FEE |
| <u> </u> | Total | • | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | ndependent | | Minus | *** | | - | | X43= | | . | X86= | |
| | IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | - | | | OR | | |
| • 151 | If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | OR | +290s | |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE ADDIT. FEE | | | | | | | | | | | | |
| T | e 'Highest Num | ber Previously Paid | For (Total or | independent | is the f | o, enter 3. highest number | found | in the app | ropriate box | | | |